



The Commonwealth of Massachusetts
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To: School Nurses
From: School Health Services
Date: September 23, 2013
Subject: **Reporting Forms for Epi-pen Administration FY 2014**

REPORT OF EPI-PEN ADMINISTRATION

Regulations Governing the Administration of Prescription Medications in Public and Private Schools (105 CMR 210.000) require schools to submit a written report to the Department of Public Health each time epinephrine is administered to a student or staff, on a form obtained from the Department. The reports are reviewed as part of a continuous quality improvement program for the School Health Unit.

The MDPH issues a data health brief which documents the epidemiology of epinephrine administration for the treatment of life threatening allergic reactions or anaphylaxis in Massachusetts schools. The American Academy of Allergy, Asthma and Immunology defines anaphylaxis as a collection of symptoms affecting multiple systems in the body. Common signs and symptoms may be a combination of hives, swelling (of any body parts), stomach cramps, throat tightness or closing, difficulty breathing, faintness or loss of consciousness and others. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which are potentially fatal.

INSTRUCTIONS

This report form must be completed in one session. Once you submit your report, it cannot be re-opened or edited. If you close the form before clicking the "Submit" button, everything you have entered will be lost.

PLEASE HAVE ALL OF THE INFORMATION NECESSARY TO COMPLETE THE
FORM AVAILABLE BEFORE YOU BEGIN DATA ENTRY

THIS FORM MUST BE COMPLETED ONLINE. NO PAPER PRINTOUTS OR ELECTRONIC COMPUTER FILES WILL BE ACCEPTED. Use this link to submit a report using the online form: <https://www.surveymonkey.com/s/EpiPen2014>
THIS FORM WILL CHANGE EVERY YEAR. PLEASE BE SURE TO USE THE CURRENT FORM.

Please do not include any names, dates of birth, or other details in this form that might permit someone to identify the person receiving the epinephrine.

* Questions with an asterisk (*) are required. You must complete them in order to submit the form.

CORRECTIONS

Please try to enter data as accurately and as completely as possible so that it will not need to be corrected later. If it is necessary to make corrections to the form after you submit it, please e-mail corrections to DPH_ESHS_data@dph.state.ma.us. Please do not submit more than 1 report for the same administration or it will be counted as 2 separate administrations!!!

IF YOU HAVE QUESTIONS

For clinical technical assistance regarding the administration of epinephrine, please contact your MDPH School Health Advisor (<http://www.mass.gov/eohhs/provider/guidelines-resources/services-planning/school-health/school-health/about/school-health-services-personnel.html>). For technical assistance regarding submission of this form, please send an e-mail to DPH_ESHS_data@dph.state.ma.us or to robert.leibowitz@state.ma.us.

TO PRINT A COPY OF THE FORM

For a hard copy, print each page of the form BEFORE clicking "Next" or "Submit." After you submit the report, you will not be able to view or print it, and there will be no way to retrieve the page or get a printed copy. Select "Print Preview" if needed before printing to adjust the size of the page magnification and reduce the number of printed pages.

HOW CAN I BE SURE THAT MY REPORT WAS RECEIVED?

Complete all pages of the form and submit the form by clicking "Done" on the last page. After clicking "Done," there will be a "Thank you" page that appears. When you see this, it confirms that the data was properly transmitted. You will not receive an e-mail message to confirm receipt of your data.